



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: July 15, 2016

Mr. Robert Getz, President
Getz Personal Care Home Inc.
1026 Scenic Drive
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home
License #240500

Dear Mr. Getz:

As a result of the Department of Human Services' licensing inspection on March 3, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GETZ PERSONAL CARE HOME		License Number: 24050
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTHEAST
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
C-2 LP 08/10/1993 L&I	C-2 LP 01/03/1992 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
03/03/2016: Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 2	

Violation Report: 24050 - 03/03/2016 - Harvey, Jason
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.181(e) - To be considered capable to self-administer medications, a resident shall:

- (1) Be able to recognize and distinguish his/her medication.
- (2) Know how much medication is to be taken.
- (3) Know when medication is to be taken.

2a. DESCRIPTION OF VIOLATION

Resident #1 is self-administering medication. On 3/3/2016, the resident was unable to recognize or distinguish their prescription of Methylprednisolone 4mg dose pack or Tums.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As of 3/3/2016, resident had not made facility nurse aware that [redacted] had seen [redacted] primary physician + that medications were prescribed the filled on [redacted] own. Prior to 3/3/2016, former primary physician had dispensed medications per resident request + refusal of medications, resident + facility had no medications listed on MAR.

On 3/3/2016, prescribing physician was contacted to discuss need for facility to have orders for all medications + requirements for self administration of medications. Methylprednisolone was removed from resident room due to no order along with resident ok to remove because not using. 3/5/2016, physician sent order for antacid PRN + ability to self administer antacid, no other orders were written.

Resident is continually reminded by nursing department of medication Administration House Rule #5 (attach head) [redacted] is also asked regularly if [redacted] has seen a physician + if any medications were needed. Nursing will notify physician of any changes in resident that may prevent self administration of PRN med antacid. All residents are reminded at monthly resident council meeting, about importance of House Rule #5 + our regulations by DHS.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Robert Getz President 6/10/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-14-16
 (Date)

Plan of correction implementation status as of 7-14-16
 (Date)

The above plan of correction was approved by *[Handwritten Initials]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24050 - 03/03/2016 - Harvey, Jason

PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

On 3/3/2016, Resident #1's record did not include a current list of medications for the following medications:

Tums

Methylprednisolone 4mg dose pack

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As of 3/3/2016, Resident had not made facility nurse aware that [redacted] had seen a new physician + that medications were prescribed + filled them on [redacted] own. Prior to 3/3/2016, former primary physician had dictated [redacted] medications per resident request + refusal of medications.

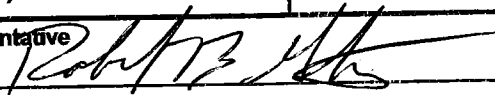
On 3/3/2016, resident was approached by nurse + made aware that we must be told when [redacted] goes to see [redacted] physician + when medications are prescribed so that it is properly documented per our regulations + House Rule # 5 (attached) which was explained upon admission + agreed on this day. Resident was told that disobeying House Rules can result in the administrator issuing a 30 day notice to leave the facility. Physician was also notified + made aware of our regulations + sent appropriate order for Antacid PRN + self administering. ~~Antacid~~ Methylprednisolone 4mg was removed per resident request + nurse + no prescription.

Nursing + administration continue to discuss medication regulations + house rule #5 w/ Resident 1 + all residents + families + administrator discusses it monthly at resident council meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Robert Getz President

Date

6/11/16

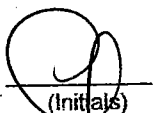
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